

(Rev. 06/00)

**REG-5MF**  
**APPLICATION FOR**  
**MOTOR VEHICLE FUELS TAX OR**  
**PETROLEUM PRODUCTS GROSS EARNINGS TAX**

DO NOT WRITE IN THIS BLOCK

PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS APPLICATION. PRINT CLEARLY IN INK OR TYPE ALL INFORMATION REQUESTED.

FOR DR'S USE ONLY				1. Reason for applying :		2. OWNER'S NAME, PARTNERSHIP NAME, CORPORATE NAME OR LLC NAME		FEDERAL EMPLOYER ID NUMBER	
TAX	REG	TR	AD	<input type="checkbox"/> Motor Vehicle Fuels Exporter	<input type="checkbox"/> "Tax Paid" Gasoline Distributor (Purchase Tax Paid)	<input type="checkbox"/> Diesel Fuel Distributor	<input type="checkbox"/> Motor Vehicle Fuels Distributor (Purchase Tax Free)	<input type="checkbox"/> Diesel Fuel Exporter	<input type="checkbox"/> Petroleum Products Gross Earnings
00				<input type="checkbox"/> Gasohol Distributor <td><input type="checkbox"/> Aviation Fuel Dealer<td><input type="checkbox"/> Heating Oil Declaration Distributor (Complete front and back)<td></td><td></td><td></td></td></td>	<input type="checkbox"/> Aviation Fuel Dealer <td><input type="checkbox"/> Heating Oil Declaration Distributor (Complete front and back)<td></td><td></td><td></td></td>	<input type="checkbox"/> Heating Oil Declaration Distributor (Complete front and back) <td></td> <td></td> <td></td>			
00				3. TRADE NAME OR REGISTERED NAME (if different from Line 2 above)				SOCIAL SECURITY NUMBER	
00				4. PHYSICAL LOCATION OF THIS BUSINESS (a P.O. Box is not acceptable) ZIP + 4				TELEPHONE NUMBER ( )	
00				5. BUSINESS MAILING ADDRESS (if different from Line 4 above) ZIP + 4					
00				6a. NAME OF <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNER <input type="checkbox"/> CORPORATE OFFICER <input type="checkbox"/> LLC MEMBER				SOCIAL SECURITY NUMBER	
00				HOME ADDRESS Number and Street City or Town State ZIP + 4					
00				6b. NAME OF <input type="checkbox"/> PARTNER <input type="checkbox"/> CORPORATE OFFICER <input type="checkbox"/> LLC MEMBER				SOCIAL SECURITY NUMBER	
00				HOME ADDRESS Number and Street City or Town State ZIP + 4					
00				6c. NAME OF <input type="checkbox"/> PARTNER <input type="checkbox"/> CORPORATE OFFICER <input type="checkbox"/> LLC MEMBER				SOCIAL SECURITY NUMBER	
00				HOME ADDRESS Number and Street City or Town State ZIP + 4					

7. TYPE OF OWNERSHIP (if other, attach explanation) ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ OTHER

7a. IF A CORPORATION OR AN LLC, LIST STATE OF INCORPORATION

8. ARE YOU CURRENTLY REGISTERED WITH THE CONNECTICUT DEPARTMENT OF REVENUE SERVICES?

☐ YES ☐ NO If YES, enter Connecticut tax registration number:

TAX TYPES CURRENTLY REGISTERED FOR: ☐ SALES TAX ☐ CORPORATION TAX ☐ MOTOR CARRIER ROAD TAX ☐ OTHER

9. IF YOU ARE THE SUCCESSOR TO A REGISTERED DISTRIBUTOR, ENTER:

PRIOR DISTRIBUTOR'S NAME

PRIOR DISTRIBUTOR'S ADDRESS

10. LIST ALL SUPPLIERS OF MOTOR VEHICLE FUEL AND HOME HEATING OIL (attach additional sheets, if necessary)

NAME	ADDRESS

11. IF APPLYING FOR A MOTOR VEHICLE FUELS EXPORTER LICENSE, ENTER:

DISTRIBUTOR'S LICENSE NUMBER IN STATE OF DESTINATION

DO YOU MAINTAIN FUEL STORAGE TANKS IN CONNECTICUT? ☐ YES ☐ NO (If YES, indicate location and capacity of storage on an attached list.)

12. IF IMPORTING DIESEL FUEL OR MOTOR VEHICLE FUEL INTO CONNECTICUT, INDICATE THE ANTICIPATED POINT OF ENTRY AND METHOD OF DELIVERY.

13. NUMBER OF GALLONS OF MOTOR VEHICLE FUEL OR DIESEL FUEL YOU EXPECT TO SELL EACH MONTH IN CONNECTICUT.

I declare under the penalty of false statement that I have examined this application, **REG-5MF**, and, to the best of my knowledge and belief it is true, complete and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)

SIGNATURE				TITLE				DATE	
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DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENT USE ONLY

TAX	REC.	TRANS.	REGISTRATION DATE	NAICS CODE	TYPE ORG.	STATE	LEGAL DATE	TOTAL SUBMITTED	
00	10		/ /				/ /	00	
TAX	REC.	TRANS.	REGISTRATION DATE	START DATE	TOWN	SOURCE	FILE CODE		
	10		/ /	/ /					
BOND DATE		BOND AMOUNT		STATE DESTINATION		EXPORTER'S LICENSE NUMBER			
/ /									

EFFECTIVE DATE APPROVED BY:

**DECLARATION**  
**HEATING OIL ONLY DISTRIBUTOR**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Owner, Partner, Corporate Officer or LLC Member).

\_\_\_\_\_  
Business Address

I declare under penalty of false statement that to the best of my knowledge and belief, all fuel sold by the applicant is used exclusively for heating purposes. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)

APPLICANT: \_\_\_\_\_  
(Print your name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

**REG-5MF**  
**General Instructions**

1. Print clearly in ink or type all information requested.
2. Check all applicable boxes.
3. If you are selling fuel exclusively for heating purposes, you must complete both the front and back of REG-5MF.
4. If the space provided is insufficient, attach additional sheets and identify the line number(s) for which the information is being provided.